

***Massachusetts Office for Victim Assistance
Victims of Crime Act (VOCA)
Antiterrorism Supplemental Grant Program
Budget Request
July 1, 2003 through June 30, 2004
Page 1***

Agency _____ Date _____

VOCA Budget Summary

Expense Item	Total VOCA Budget
Personnel	
Consultants	
Office/Admin.	
Other	
<i>Total</i>	

Please note, there is no match requirement under the VOCA Antiterrorism Supplemental Grant.

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PERSONNEL

Employee	VOCA Total
<div style="display: flex; justify-content: space-between;"> <div>_____ (Name)</div> <div>_____ (Position)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ (Hr/Wk)</div> <div>_____ (Wk/Yr)</div> <div>_____ (Total Salary)</div> <div>_____ (Total Fringe/Taxes)</div> </div>	
<div style="display: flex; justify-content: space-between;"> <div>_____ (Name)</div> <div>_____ (Position)</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____ (Hr/Wk)</div> <div>_____ (Wk/Yr)</div> <div>_____ (Total Salary)</div> <div>_____ (Total Fringe/Taxes)</div> </div>	
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CONSULTANTS

Consultant	VOCA Total
_____ (Name) _____ (Agency) _____ (Description of Services) _____ _____ (Hrs/Yr) (Hourly Rate)	
_____ (Name) _____ (Agency) _____ (Description of Services) _____ _____ (Hrs/Yr) (Hourly Rate)	
_____ (Name)	

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_____ _____ (Agency) _____ _____ (Description of Services) _____ _____ _____ _____ _____ _____ (Hrs/Yr) (Hourly Rate)	
<i>Total Consultants</i>	

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OFFICE/ADMINISTRATIVE COSTS

Expense Item	VOCA Total
<i>Total Office/Admin. Expenses</i>	

Explanation of Costs:

(please list below)

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OTHER COSTS

Expense Item	VOCA Total
A. Local Travel to provide services to victims of crime: Miles per Month _____ x Number of Months _____ = Total Miles _____ x \$0.32 per mile Total Travel Costs _____	
B. Other: _____ _____ _____	_____ _____ _____
<i>Total Other Costs</i>	